

United States Bankruptcy Court <i>Southern District of Texas</i>	PROOF OF CLAIM Case Number 00 35079
In re (Name of Debtor) SPECIALTY RETAILERS INC	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.	
Name of Creditor (The person or other entity to whom the debtor owes money or property) OKLAHOMA TAX COMMISSION	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy or statement giving particulars. <input type="checkbox"/> Check box if you never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court.
Name and Address Where Notices Should Be Sent OKLAHOMA TAX COMMISSION BANKRUPTCY SECTION GENERAL COUNSEL'S OFFICE P.O. BOX 53248 OKLAHOMA CITY, OK 73152-3248 Telephone No. (405) 521-3141	

United States District Court
Southern District of Texas
FILED
JUL 17 2000
Michael N. Milby, Clerk

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COURT USE ONLY

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR 740821900F	Check here if this claim <input type="checkbox"/> a previously filed claim dated: _____ <input type="checkbox"/> replaces } in the amount of: _____ <input type="checkbox"/> amends
1. BASIS FOR CLAIM <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input checked="" type="checkbox"/> Taxes <input type="checkbox"/> Other (Describe briefly) CHAPTER 11 <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wage, salaries, and commissions (Fill out below) Your social security number _____ Unpaid compensation for services performed from _____ to _____ (date) (date)	
2. DATE DEBT WAS INCURRED SEE ATTACHED	3. IF COURT JUDGMENT, DATE OBTAINED:
4. CLASSIFICATION OF CLAIM. Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured nonpriority. (2) Unsecured Priority. (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM. <input type="checkbox"/> SECURED CLAIM \$ _____ Attach evidence of perfection of security interest Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Describe) Amount of arrearage and other charges included in secured claim above if any \$ _____ <input type="checkbox"/> UNSECURED NONPRIORITY CLAIMS \$ _____ A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or the extent that value of such property is less than the amount of the claim. <input checked="" type="checkbox"/> UNSECURED PRIORITY CLAIM \$ 451,659.86 Specify the priority of the claim. <input type="checkbox"/> Wages, salaries, or commissions (up to \$2000, earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier- 11 U.S.C. § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Up to \$900 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use-11 U.S.C. § 507(a)(6) <input checked="" type="checkbox"/> Taxes or penalties of governmental units - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Other - 11 U.S.C. §§ 507(a)(2), (a)(5) - (Describe briefly)	
5. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED: \$ _____ (Unsecured) \$ 451,659.86 (Secured) \$ 451,659.86 (Priority) \$ 451,659.86 (Total) <input checked="" type="checkbox"/> Check this box if claim includes prepetition charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.	

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6. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.
7. SUPPORTING DOCUMENT: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interest. If the documents are not available, explain. If the documents are voluminous, attach a summary.
8. TIME-STAMPED COPY: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

Date:

JUL 14 2000

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)

Joseph P. Gappa
OFFICE OF GENERAL COUNSEL

Penalty for Presenting Fraudulent Claim:

Fine of up to \$500,000.00 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

065

CASE NUMBER: 00 35079

SPECIALTY RETAILERS INC

THAT SPECIALTY RETAILERS INC
WAS (WERE) AT THE TIME OF BEING ADJUDGED BANKRUPT AND STILL IS (ARE)
JUSTLY INDEBTED TO THE STATE OF OKLAHOMA FOR:

SALES TAX - STS
ID NUMBER: 050910

P

PERIOD	TAX-LIABILITY	PENALTY	INTEREST	APPL-FEES	TOTAL
0006	450000.00	.00	1294.52	.00	451294.52
AS ESTIMATED - DEBTOR FAILED TO FILE ACTUAL REPORTS					

SALES TAX - STU
ID NUMBER: 794495

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PERIOD	TAX-LIABILITY	PENALTY	INTEREST	APPL-FEES	TOTAL
0005	364.30	.00	1.04	.00	365.34
AS EVIDENCED BY DEBTOR'S FILED REPORTS					

FOR AN AGGREGATE AMOUNT DUE AND OWING TO THE STATE OF OKLAHOMA
AS \$ 451,659.86

PLEASE BE ADVISED THAT ALL PAYMENTS SHOULD BE MAILED TO THE OKLAHOMA TAX
COMMISSION, COLLECTION DIVISION, P.O. BOX 26790, OKLAHOMA CITY, OK 73126-0790.

EXHIBIT "A"